APPENDIX C TO PART 595--INSTALLATION OF AIR BAG ON-OFF SWITCHES

INSTALLATION OF AIR BAG ON-OFF SWITCHES	OMB No. 2127-0588 Expiration Date: 11/30/00
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(The form and instructions below will be included in agency letters sent to vehicle owners or lessees authorizing the installation of air bag on-off switches. Each letter will identify the owner or lessee and the vehicle for which installation is authorized.)

1	pair business identified belo otor vehicle identified abov		ing insta	llations of on-off switch	h(es)
Name of motor vehicle dealer or repair business					
Street address					
City	State		Zip Code		
On-off switch(es) were installed for the air bag(s) checked on this form:		driver air bag		passenger air bag	
Date of installation	Signature of authorize	ed representative of	dealer or	repair business	

Instructions for vehicle dealers and repair businesses: Within 7 days of your installation of an on-off switch in the vehicle identified above, you must complete this form and mail it to: National Highway Traffic Safety Administration, Attention: Air Bag Switch Installation Forms, 400 Seventh St., S. W., Washington, D.C. 20590-1000.

Note: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. That number appears above.